Testimony in Support of Sustaining Funding for Nurse Family Partnership House Appropriations Committee May 13, 2009

Rochelle Habeck, Ph.D. Co-Chair, Early Childhood Task Force ISAAC (Interfaith Advocacy) in Kalamazoo

I urge the committee's action to carve out the Nurse Family Partnership program from the Executive Order cuts for the last quarter of fiscal year 2009, and your continued support for funding for this program in fiscal year 2010.

NFP provides low-income first-time mothers with regular visits by highly trained nurses from pregnancy until the child is two. These visits improve the conditions and care provided to the child before birth and during the critical first two years of the child's development, and helps mothers improve their life situation toward self-sufficiency.

The Nurse Family Partnership has been rigorously evaluated over the past 30 years in three random assignment experiments. NFP has been shown by hard research evidence to have numerous benefits, including improving mothers' prenatal health, improving child care quality, reducing subsequent pregnancies, increasing intervals between births, increasing maternal employment, and improving child readiness for school.

Further, as stated in a review of evidence published in *The Lancet* – the medical journal;

"The program with the best evidence for preventing child abuse and neglect is the Nurse-Family Partnership, which has shown reductions in objective measures of child maltreatment or associated outcomes when administered to high-risk families prenatally and in the first 2 years of a child's life."

Based on rigorous research evidence, the Rand Corporation calculated that NFP produced \$5.70 in economic benefits per dollar of costs. Some these benefits are short-term. For example, NFP reduces costs for the child welfare system by reducing child abuse and neglect. Some benefits are long-term, such as reduced involvement of children with the criminal justice system.

The five Michigan NFP sites operating so far, selected for their high rates of infant mortality, are Berrien, Kalamazoo, Kent and Oakland counties and the city of Detroit. Dramatic results have been achieved by the teams of nurses at these five sites, which match the outcomes demonstrated in NFP research. Over 90 % of these high-risk babies were carried to full term, preventing high Medicaid costs of prematurity and subsequent service needs. Over 90% received recommended immunizations and had no ER visits or hospitalizations in their first year due to injuries or ingestion.

Despite its obvious success and cost savings, Michigan's NFP program is threatened by state budget cuts. NFP was eliminated in the Governor's proposed fiscal year 2010 budget, which the House wisely restored in your budget proposal. And now, the Governor's Executive Order eliminates NFP funding for the last quarter of fiscal year 2009.

These proposed budget cuts are short-sighted for several reasons. First, NFP reduces costs immediately and provides great social and economic benefits both in the short-run and the long-run. Second, every state dollar invested in the NFP is matched by federal Medicaid dollars. Third, President Obama has proposed to significantly expand

federal funding for NFP, starting sometime in 2010. It makes no sense to shut down Michigan's investment in NFP when federal funding may soon be forthcoming. Michigan's shutdown of NFP may reduce Michigan's chances of successfully competing for federal funding for NFP.

In troubled economic and budget times, we need to restructure our budgets towards proven programs that have high economic returns. The breadth of outcomes over the lifetime of the child and mother is like nothing else we have seen. NFP is "the Gold Standard" for early intervention programs. This high risk population generates social and economic costs that continue for a lifetime and beyond, from birth to prison, costs that we cannot carry and cannot ignore. The evidence shows that NFP changes the trajectory of the mother's life course and thereby of her children, becoming an important strategy for improving Michigan's human capital. I urge your committee's action in making sure NFP is funded for the remainder of fiscal year 2009 and your continued support for NPF funding in fiscal year 2010.

On behalf of the many community partners, associations, and leaders who have endorsed this effort, I thank you.